
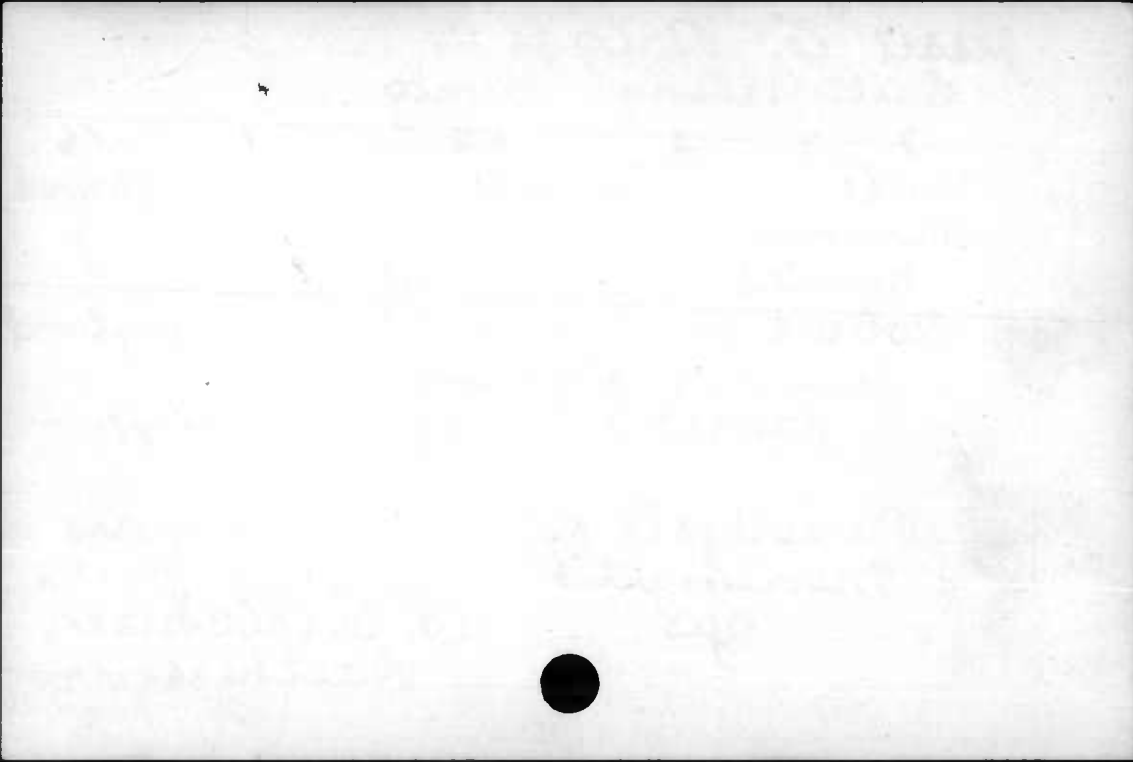


Name in Full		Elyse Ball.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hunting Hill		County Mont. Co.,		MARYLAND	
	Date of death	1907	Month Mar	Day 12	Age 86	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	None		Name of Wife or Husband			
	Father's Name	John L. Ball			Father's Birthplace	Virginia	
	Mother's Maiden Name	Unknown			Mother's Birthplace	Virginia	
Name of person giving information	Hugh L. Stevens			How related to deceased	Nephew		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Broncho-pneumonia				How long	One week
	Immediate	Exhaustion				How long	36 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
	Accident or Suicide?						



Name in Full		Mary Vincent Bauman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Derwood		County Montg.		MARYLAND		
		Date of death	1907	Month 3	Day 4	Age 41	Years 41	Months 10
		Sex Female	Color or Race white		Birth place Virginia		Days 3	
		Occupation Housewife		Where Residing if not at place of death —				
		Married, Single or Widowed married	Name of Wife or Husband Henry F. Bauman					
		Father's Name Thos Redman	Father's Birthplace Va.					
		Mother's Maiden Name Hatharine Wendell	Mother's Birthplace Va.					
Name of person giving information Henry Bauman		How related to deceased Husband						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary (9)		How long 179				
		Immediate Exhaustion		How long				
		Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H.B. Haddox				
				Address Fairfaxburg				
				Maryland				
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jessie E. Briggs

Died at ^{Town} Gaithersburg ^{County} Montg

Date of death 1907 Month 3 Day 2 Age 42 Months 1 Days 16

Sex Male Color or Race White Birth-place Maryland

Occupation Farmer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Carrie E. Briggs

Father's Name Robert B Briggs Father's Birthplace Maryland

Mother's Maiden Name Leanna Snyder Mother's Birthplace "

Name of person giving information Carrie E. Briggs How related to deceased Wife

CAUSES OF DEATH

(61)

PHYSICIAN
OR CORONERPrimary Paralysis How long 3 Years
Immediate Meningitis How long 3 Weeks

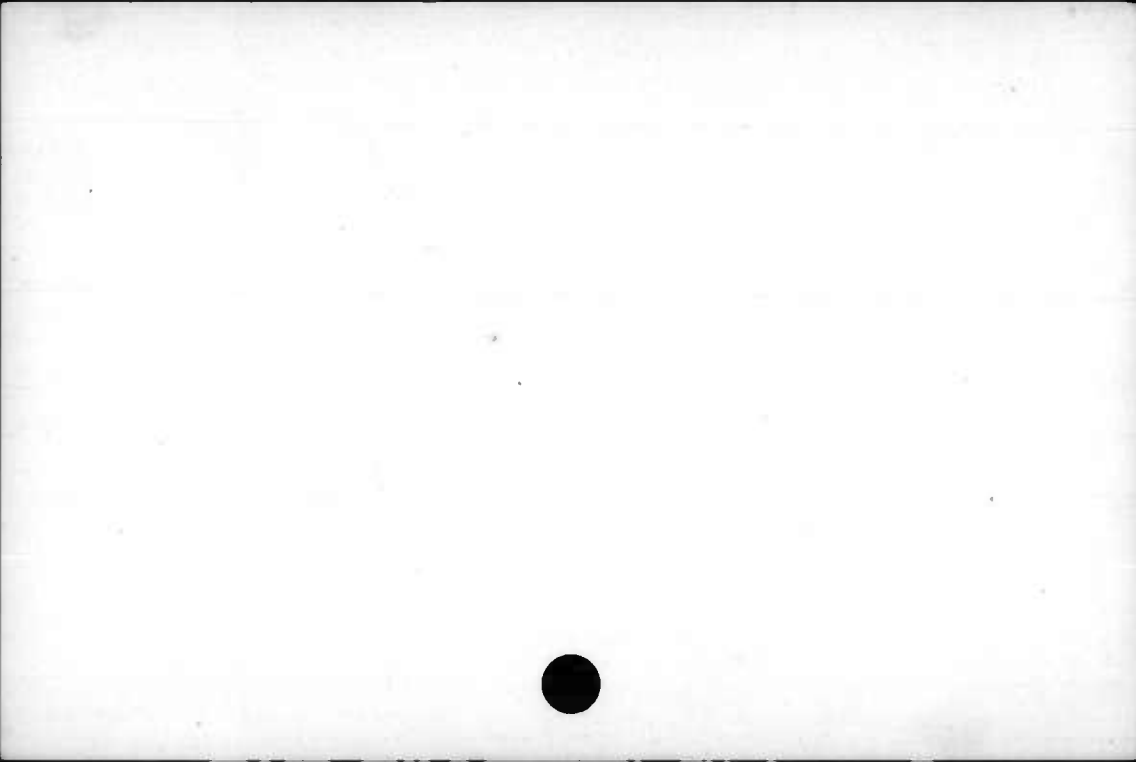
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

E. C. Etchison
Gaithersburg
Md.

Accident or Suicide?



Name
in
Full

Mattie V Bright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

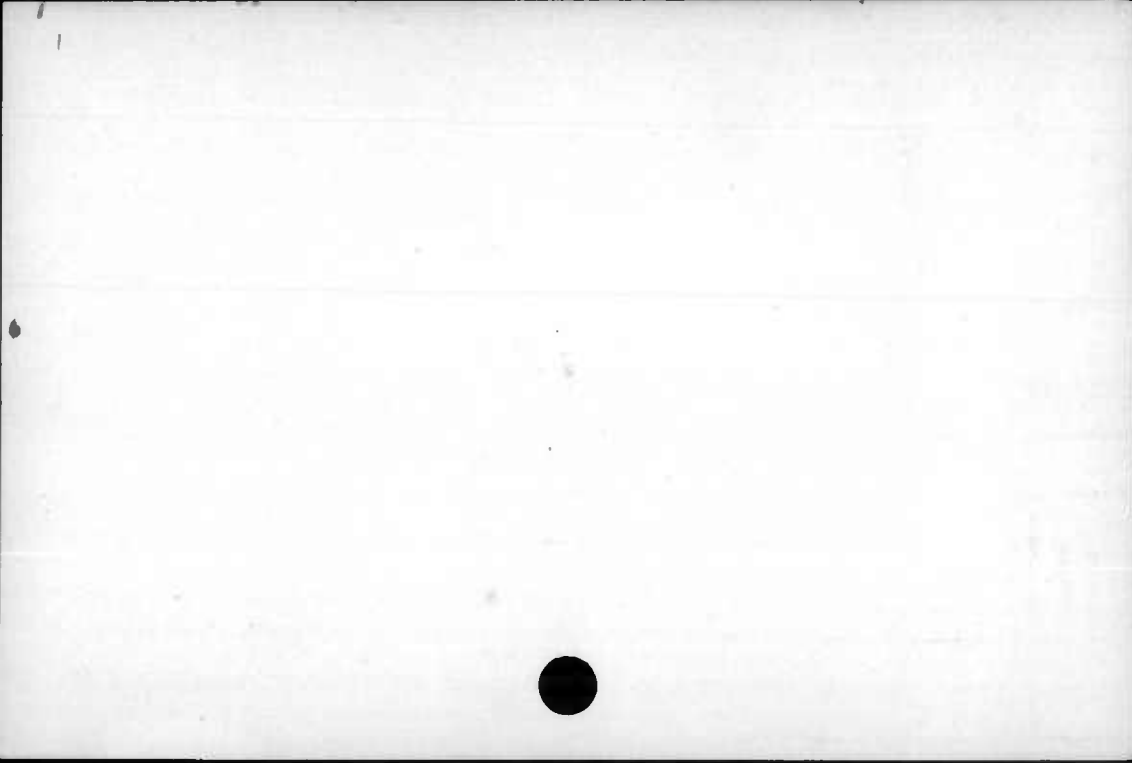
Died at <i>near Unity</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death	1901	Month	near	Day	31
Age	21	Years	7	Months	5
Sex	Female	Color or Race	African	Birth-place	near Unity
Occupation	Where Residing if not at place of death <i>servant</i> <i>Unity</i>				
Married, Single or Widowed	Married	Name of Wife or Husband	<i>John Bright</i>		
Father's Name	<i>John Nettles</i>			Father's Birthplace	<i>Montgomery Co</i>
Mother's Maiden Name	<i>Jessie Toogood</i>			Mother's Birthplace	"
Name of person giving information	<i>John Nettles</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Pneumonia</i>	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. G. Skinner</i>
		Address	<i>Unity</i>
Accident or Suicide?			



Name
in
Full

Samina Brown

CERTIFICATE OF DEATH

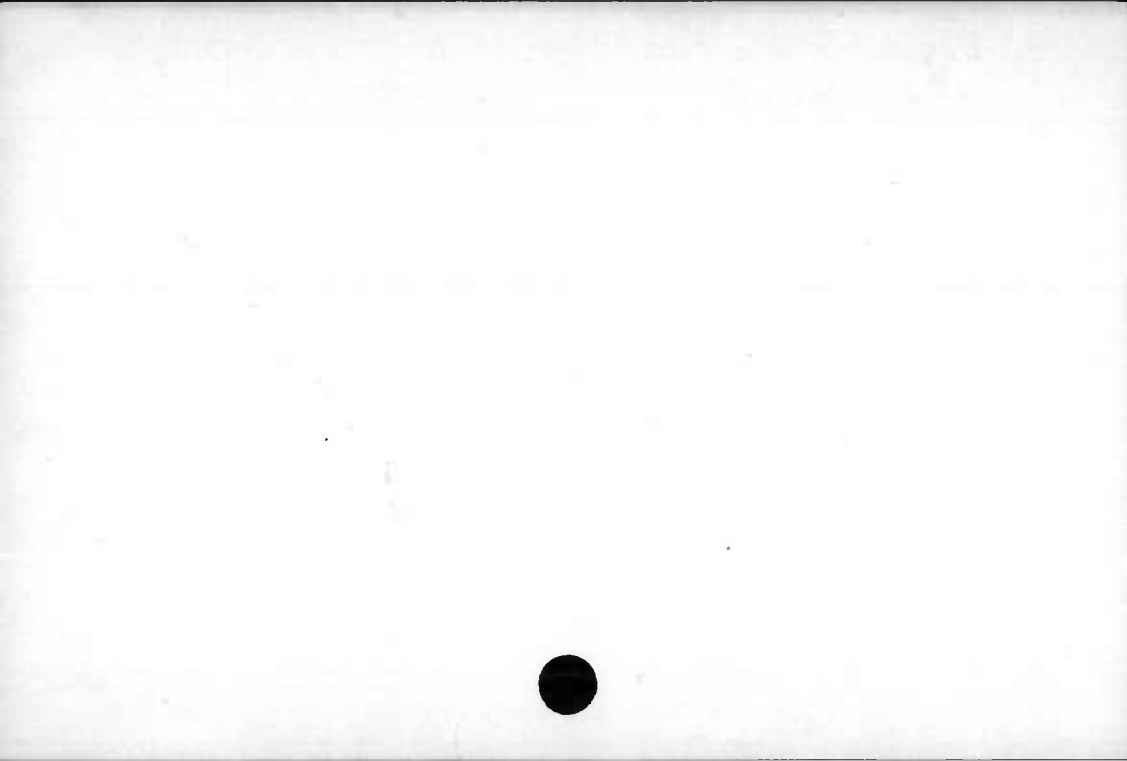
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Norbeck</i>		Town <i>Norbeck</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1907	Month	3	Day	11	Age	9
Sex <i>Female</i>		Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>		Months <i>2</i> Days <i>—</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>X</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>John H</i>				How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>Three days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address <i>Rockville, Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

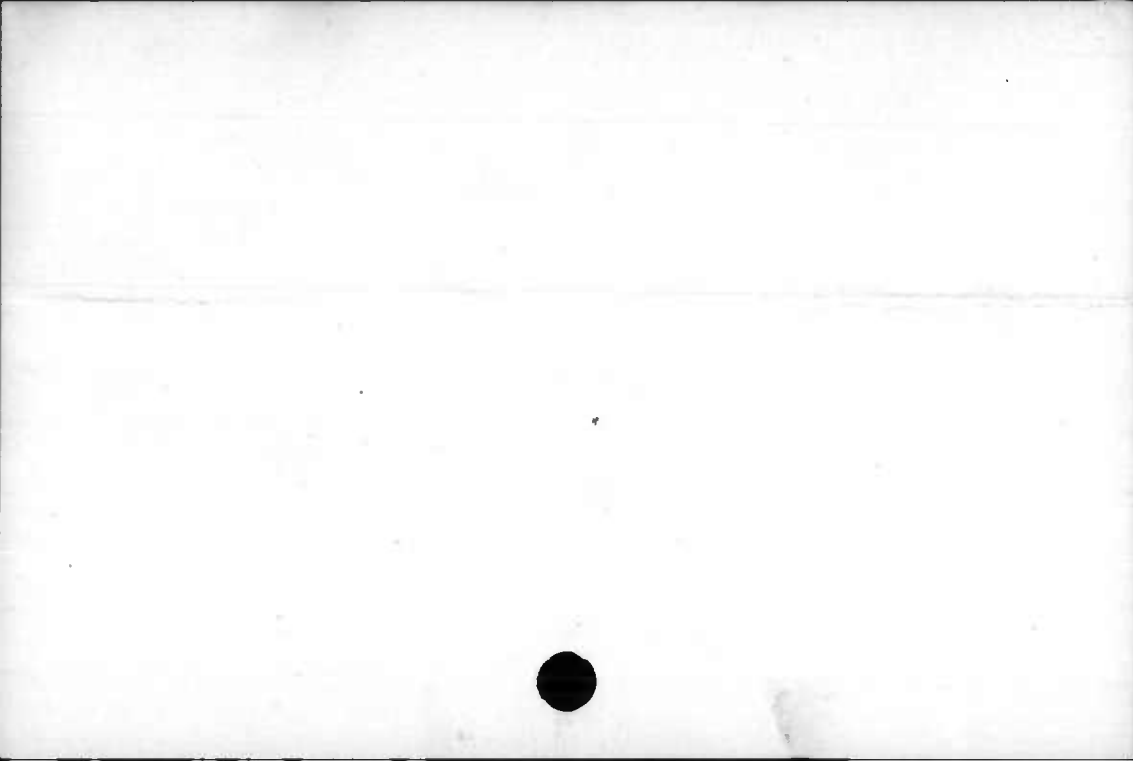
TO BE ANSWERED BY
NEAREST FRIEND

Reason Henry Brown
 Died at Fairland ^{Town} Montgomery ^{County}
 Date of death 1907 ^{Month} March ^{Day} 26 ^{Age} 73 ^{Years} 10 ^{Months} ^{Days}
 Sex Male Color or Race White Birth-place Mo.
 Occupation Merchant Where Residing if not at place of death -
 Married, Single or Widowed Single Name of Wife or Husband Mary Rife
 Father's Name Joseph Brown Father's Birthplace
 Mother's Maiden Name Nancy Jones Mother's Birthplace
 Name of person giving information Clara Roby How related to deceased Neighbor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis (66) How long 7 day
 Immediate Heart failure How long 1
 Are the name, age, sex, color, date and place correctly given above? Yes
 Signature of Physician J. R. Butson
 Address Spencer, Md.
 Accident or Suicide?



Name
in
Full

Betty Clipper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Seneca Town

County

Montgomery

MARYLAND

Date of death

1907

Month

13

Day

14

Years

Age

24

Months

6

Days

Sex

FemaleColor or
RaceNegroBirth-
placeSeneca Md.

Occupation

HousewifeWhere Residing if not
at place of deathMarried, Single
or WidowedName, Wife or
HusbandBozice ClipperFather's
NameChas. HardyFather's
BirthplaceMontgomery Co. Md.Mother's
Maiden NamePatience WilliamsonMother's
BirthplaceMontgomery Co. Md.Name of person giving
InformationPhysicianHow related
to deceased—

CAUSES OF DEATH

(27)

Primary

Pulmonary tuberculosis6 mo.

Immediate

Asthma

How long

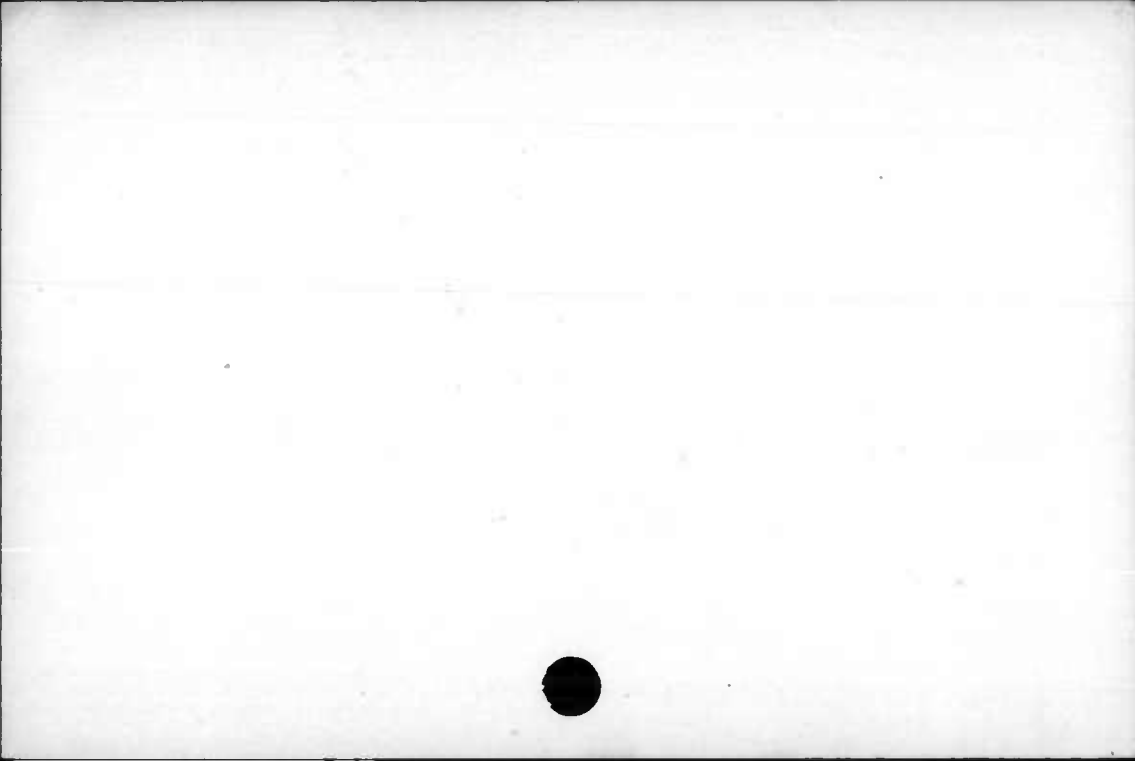
—Are the name, age, sex, color, date
and place correctly given above?yesSignature of
PhysicianU. D. House

Address

Panthersville Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Augusta L. Collins

CERTIFICATE OF DEATH

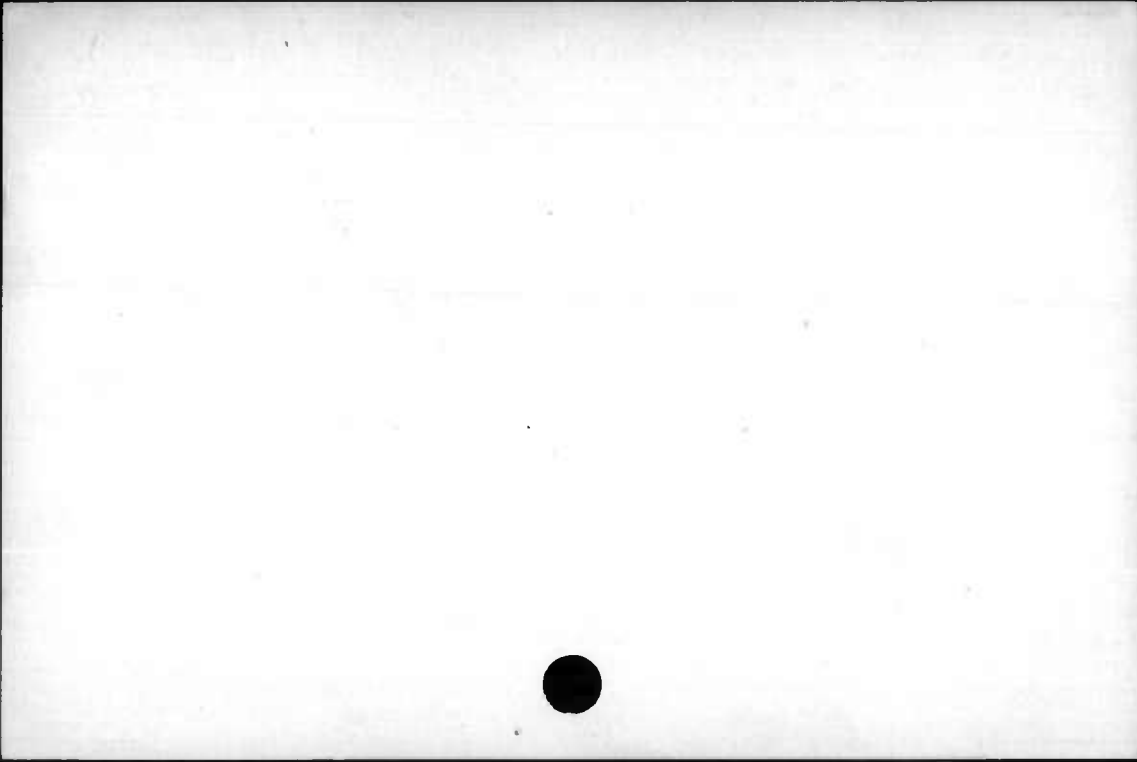
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Polk</i>		County <i>Montgomery</i>		STATE <i>MARYLAND</i>	
Date of death		<i>90</i> MAR 23 1907		Age	Year <i>39</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>D.C.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John R. Collins</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Olivia Jones</i>		How related to deceased <i>Cousin</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>27</i>	How long
Immediate	<i>Pulmonary Tuberculosis</i>	How long <i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. J. Pratt</i>
<i>yes</i>		Address <i>Polk Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

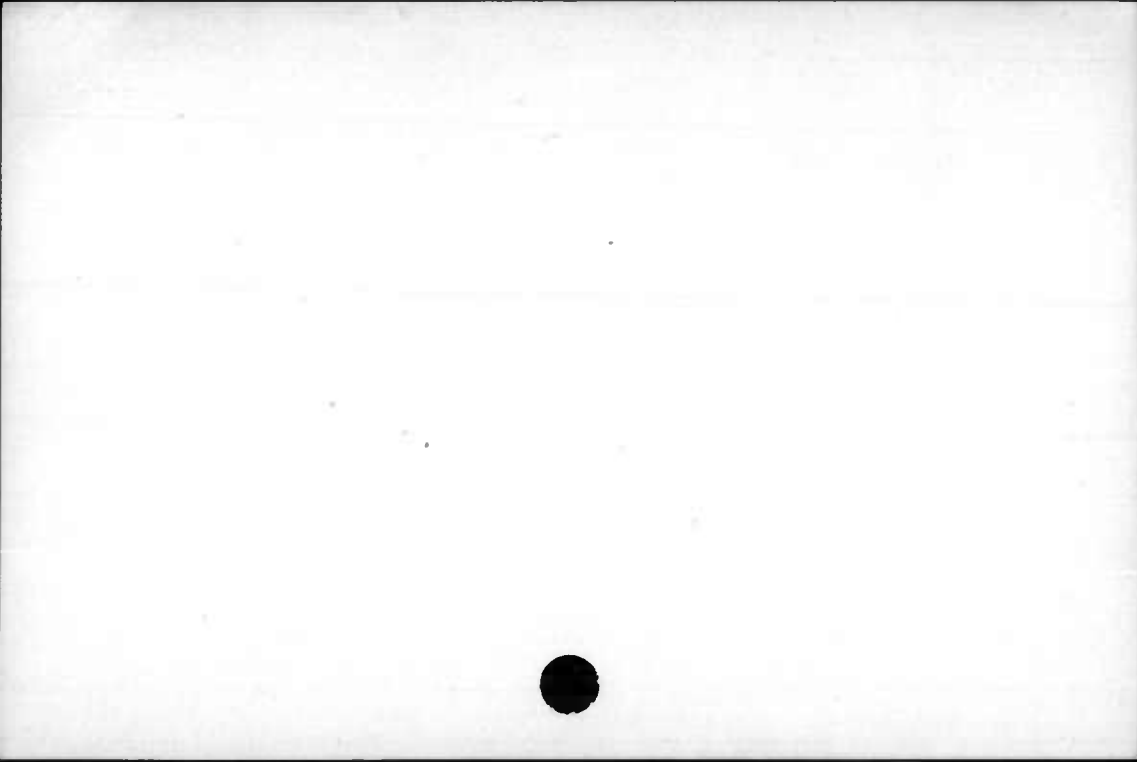
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Rockville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>31</i>	Age <i>15</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth place <i>Maryland</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>Samuel Cooper</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elyra Mason</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Samuel Mason</i>		How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>Two weeks</i>
Immediate <i>Pulmonary Tuberculosis</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville M.D.</i>
Accident or Suicide?	



Name
in
Full

Susan Davis

CERTIFICATE OF DEATH

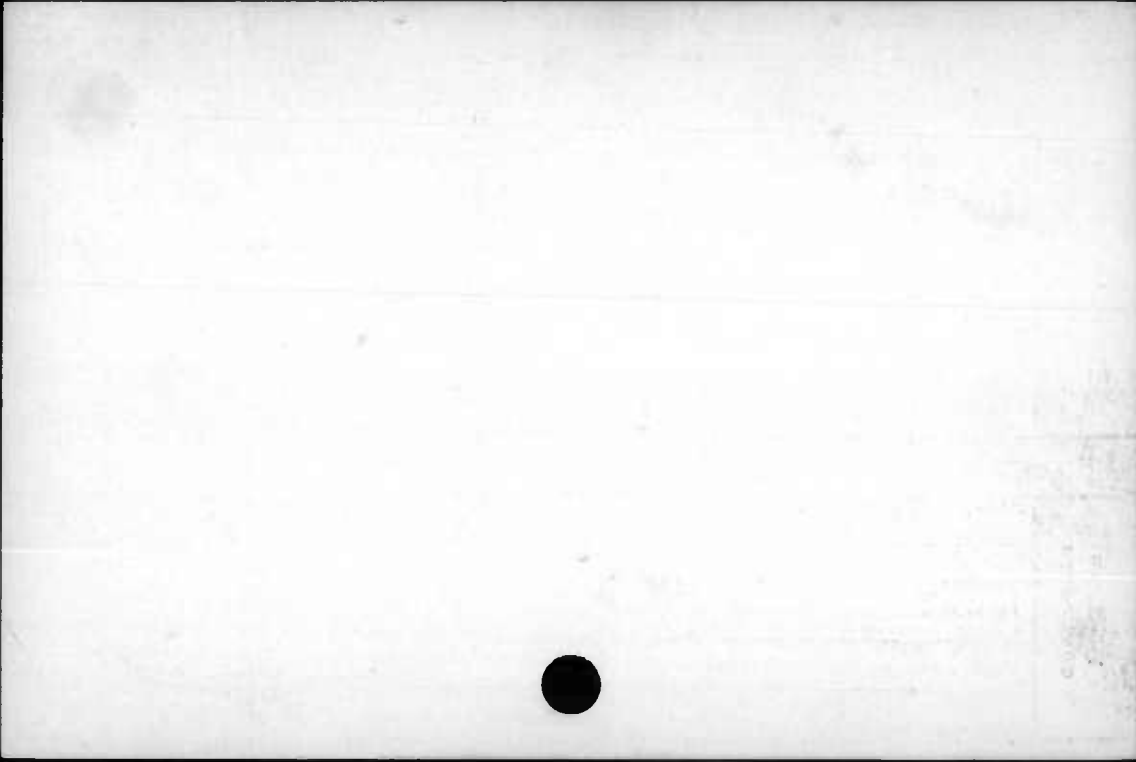
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unity</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Year}	<i>Dec.</i> ^{Month}	<i>22</i> ^{Day}	Age <i>84</i> ^{Years}	<i>—</i> ^{Months}
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Goshon</i>
Occupation	<i>Housewife</i>	Where Residing if not at place of death		<i>Unity</i>	
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband	<i>Nimrod Davis</i>		
Father's Name	<i>Joseph Elnus</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Acerith Elnus</i>			Mother's Birthplace	<i>—</i>
Name of person giving information	<i>Ann Houck</i>			How related to deceased	<i>Niece</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Influenza</i>	How long	<i>10</i> <i>7 Days</i>
Immediate	<i>Bronchitis Pneumonia</i>	How long	<i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. G. Skinner</i>
		Address	<i>Unity Maryland</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Paul Creel Dreyer* Town *Gaithersburg* County *Montgomery* MARYLAND

Died at *Gaithersburg*

Date of death 1907 3 9 Age 9 Months 9 Days 8

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation _____ Where Residing if not at place of death *Monrovia Md.*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Chas. M. Dreyer* Father's Birthplace *Md*

Mother's Maiden Name *Arabelle H. Creel* Mother's Birthplace *"*

Name of person giving information *Chas M Dreyer* How related to deceased *Father*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Bronchopneumonia* How long *3 weeks -*

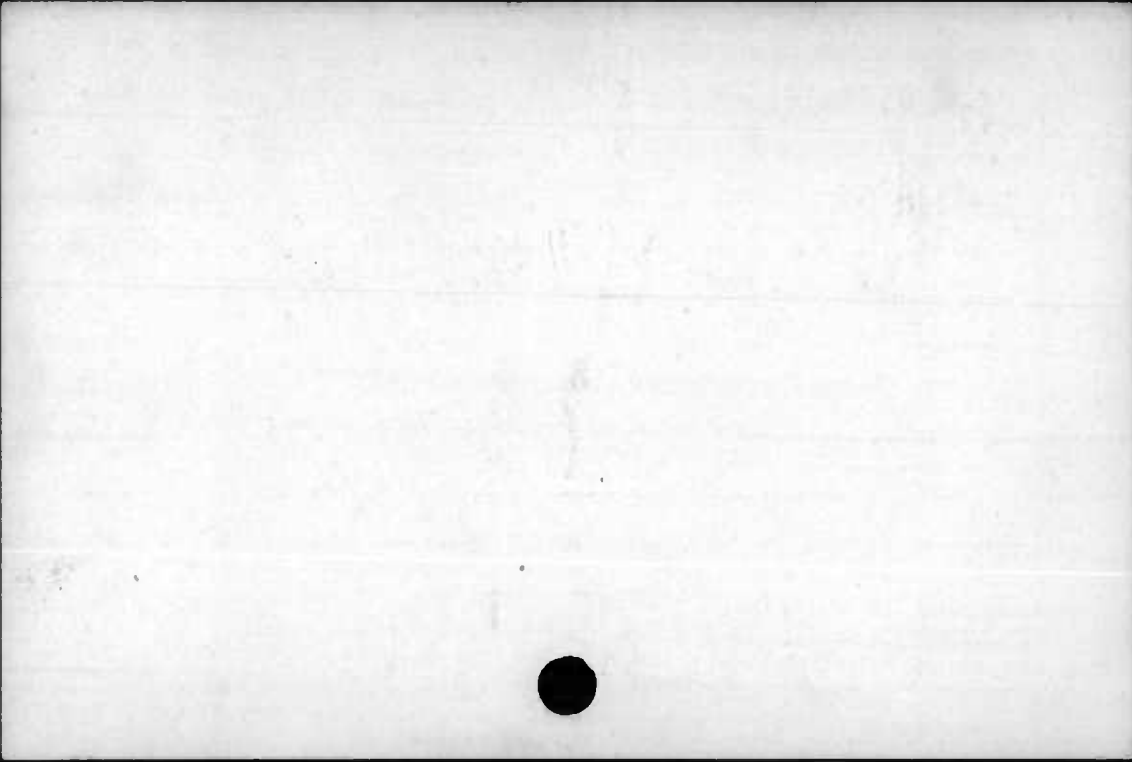
Immediate *Exhaustion* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. B. Hailday*

Address *Gaithersburg Md.*

Accident or Suicide? _____



Name in Full

Nettie May English

Died at ^{Town} Gaithersburg ^{County} Montgomery MARYLAND

Date 1907 ^{Month} March ^{Day} 18 Age 28-3-25 ^{Y.} ^{M.} ^{D.} ^{Native of} Maryland ^{Occupation} None
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
Female ~~Colored~~ Single ~~Widower~~ Number of children living _____

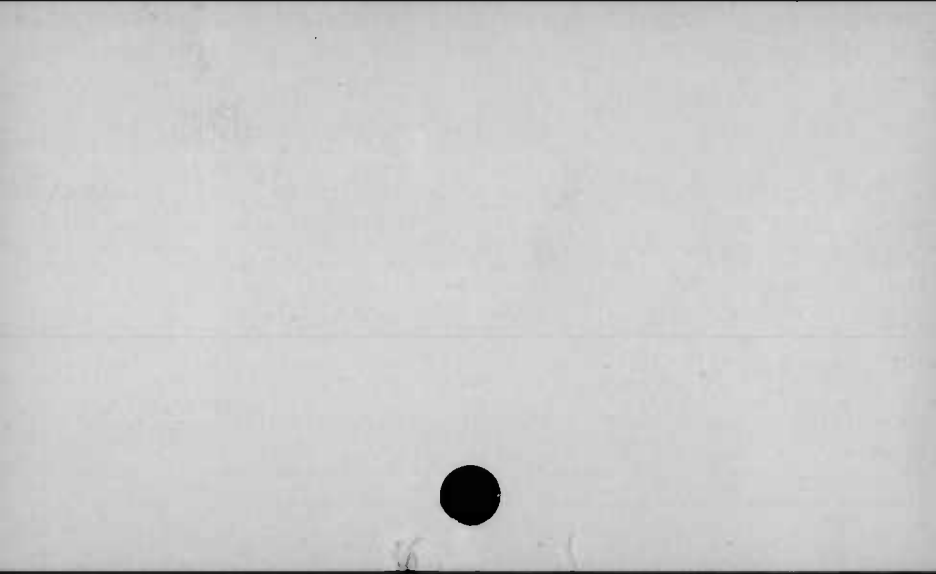
Husband of
Wife

Father's Name George W. English Mother's Name Elizabeth Duckett ²⁷

Cause of Death { Primary General Tuberculosis How long sick 1 yr.
Immediate Heart Failure Accident, Suicide, Homicide

Reported by George E. Lewis, M.D.
Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Walter Franklin Guseendorf

CERTIFICATE OF DEATH

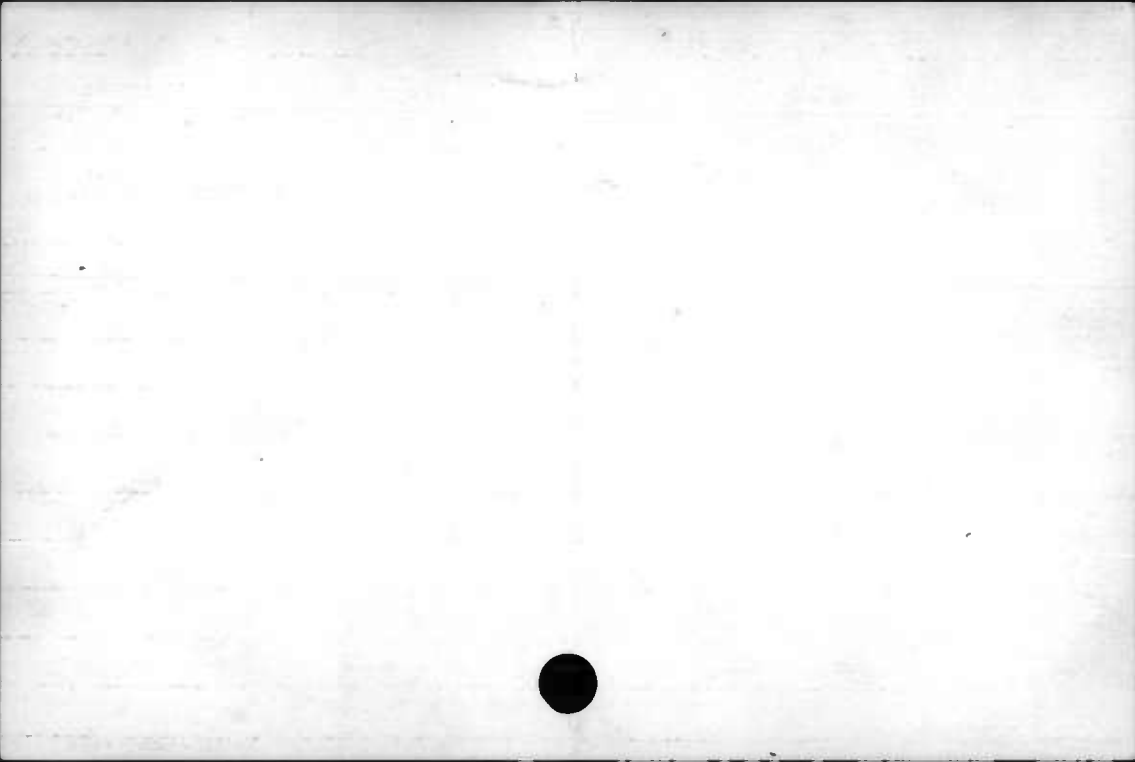
TO BE ANSWERED BY
NEAREST FRIEND

Died at Germantown ^{Town}		Montgomery ^{County}		MARYLAND	
Date of death 1907	March ^{Month}	20 ^{Day}	23 ^{Years}	8 ^{Months}	27 ^{Days}
Sex Male	Color or Race White		Birth-place Germantown		
Occupation Farmer	Where Residing if not at place of death Germantown				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name John Guseendorf	Father's Birthplace Germany				
Mother's Maiden Name Rebecca Guseendorf	Mother's Birthplace Germany				
Name of person giving information J. K. Leaman	How related to deceased Brother-in-law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid	How long 24 days
Immediate Septic-Peritonitis	How long 3 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J. N. Singers
	Address Germantown, Md.
Accident or Suicide?	



Name
in
Full

Henry Haight

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

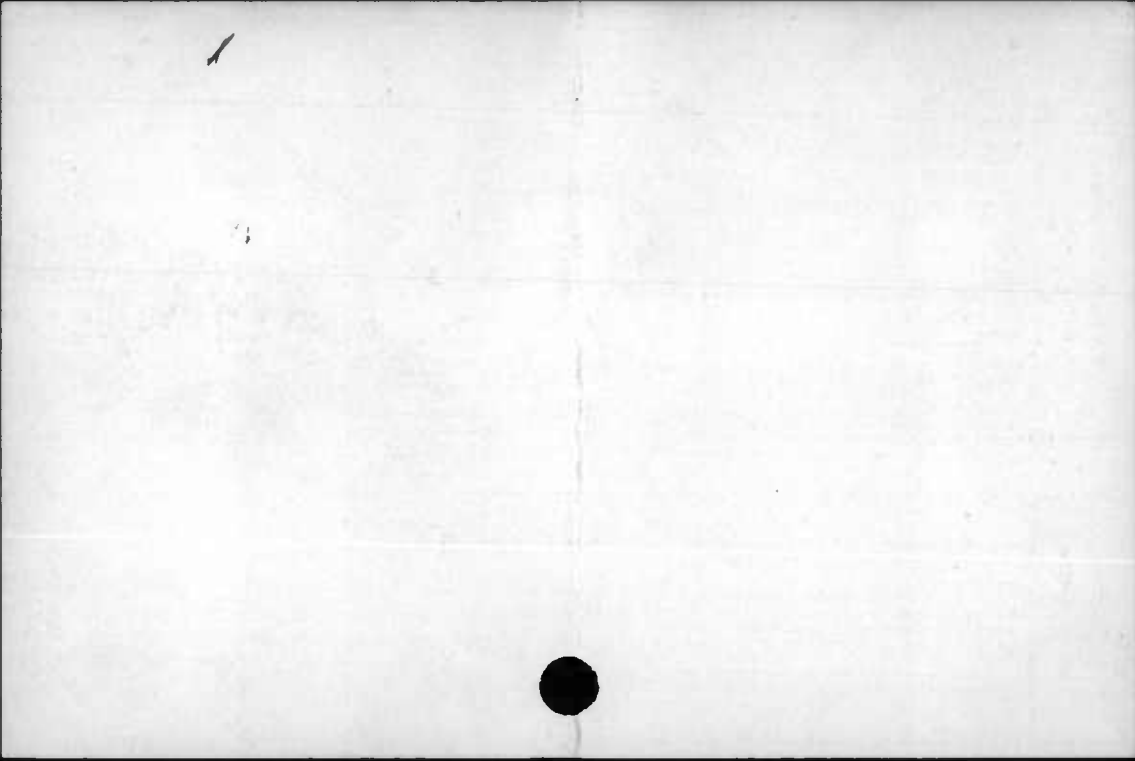
Died at		Town <i>Green</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month <i>7</i>	Day <i>16</i>	Years <i>81</i>	Months <i>1</i>	Days <i>-</i>	
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>N. Y. State</i>
Occupation	<i>Carpenter</i>			Where Residing if not at place of death <i>-</i>			
Married, Yes or <u>Widowed</u>	Name of Wife or Husband			<i>Amanda Purdy Haight</i>			
Father's Name	<i>Stephen Haight</i>			Father's Birthplace	<i>N. Y.</i>		
Mother's Maiden Name	<i>Mary</i>			Mother's Birthplace	<i>N. Y.</i>		
Name of person giving information	<i>Horace Haight</i>			How related to deceased	<i>Son</i>		

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	<i>knife gangrene left leg</i>	How long	<i>5 weeks</i>
Immediate	<i>general exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. H. Wright</i>	
		Address	
		<i>Fourth Green</i>	
Accident or Suicide?			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at <i>near Ashion</i>		Town <i>Ashion</i>		County <i>Montgomery</i>	
Date of death	1907	Month	March	Day	23
Age	sixty	Years	five	Months	eighteen days
Sex	male	Color or Race	Colored	Birth-place	
Occupation	Farmer		Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed	married	Name or Wife or Husband	Grace G. Hall		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	Clefton Hill			How related to deceased	

CAUSES OF DEATH

Primary	<i>apoplexy</i>	How long	<i>Found dead</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. F. Fairall J.P. acting</i>
	<i>Chas. Farguehar, H.O.</i>	Address	<i>as coroner</i>
Accident or Suicide?			<i>Sandy Spring Md</i>

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Unity</i> <small>Town</small>			<i>Montgomery</i> <small>County</small>			MARYLAND		
Date of death <i>1907</i>		<i>March</i> <small>Month</small>	<i>28</i> <small>Day</small>	Age <i>88</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>27</i> <small>Days</small>		
Sex <i>Male</i>			Color or Race <i>Colored</i>			Birth-Place <i>Carroll Co.</i>		
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Mary Hall</i>				
Married, Single or Widowed			Name of Wife or Husband <i>Mary Hall</i>					
Father's Name						Father's Birthplace		
Mother's Maiden Name <i>Rebecca Hall</i>						Mother's Birthplace <i>Carroll Co.</i>		
Name of person giving Information <i>Mary Hall</i>						How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	(93)	How long <i>1 week</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>George Stabler</i>	Address <i>Brighton, Md.</i>
Accident or Suicide?		



Name
in
Full

Margaret Harris

CERTIFICATE OF DEATH

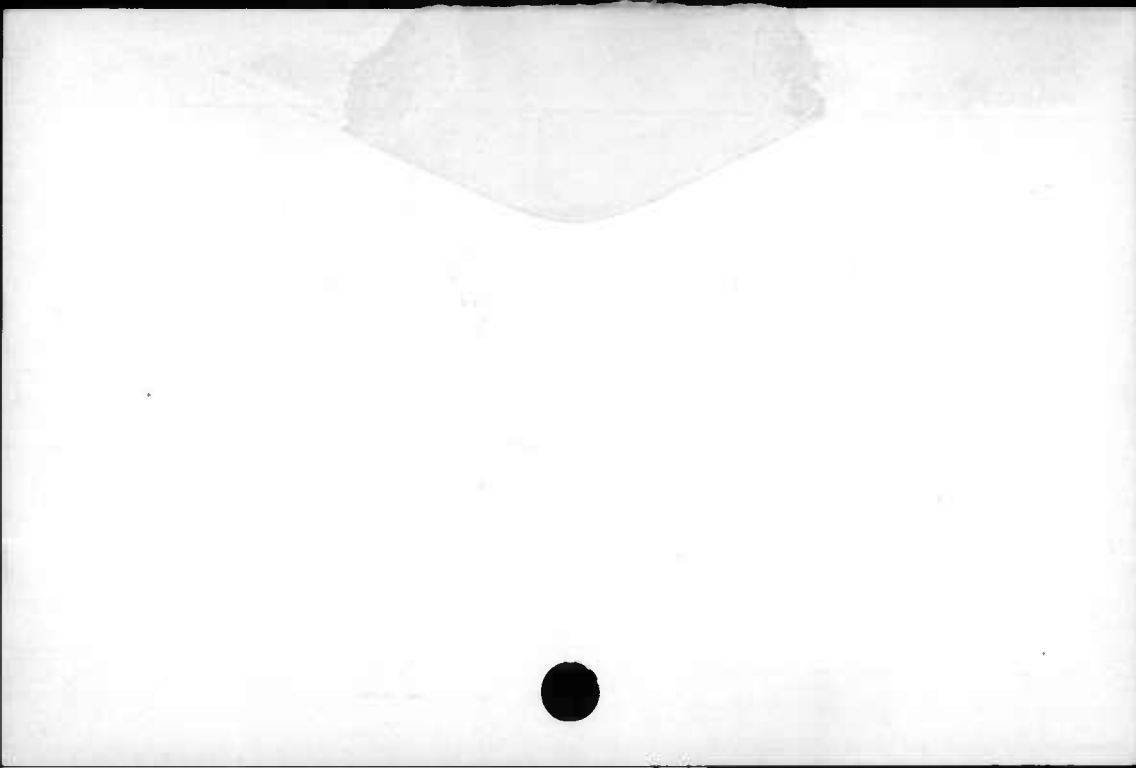
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pittsboro		County Montgomery		MARYLAND	
Date of death		1907 MAR 19 1907		Age Years 79		Months Days	
Sex Female		Color or Race White		Birth- place Md			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband James H. Harris					
Father's Name Unknown				Father's Birthplace -			
Mother's Maiden Name Unknown				Mother's Birthplace -			
Name of person giving Information Jos' M. Harris				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	9 days
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician N. J. Pugh	
Yes		Address Pittsboro Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

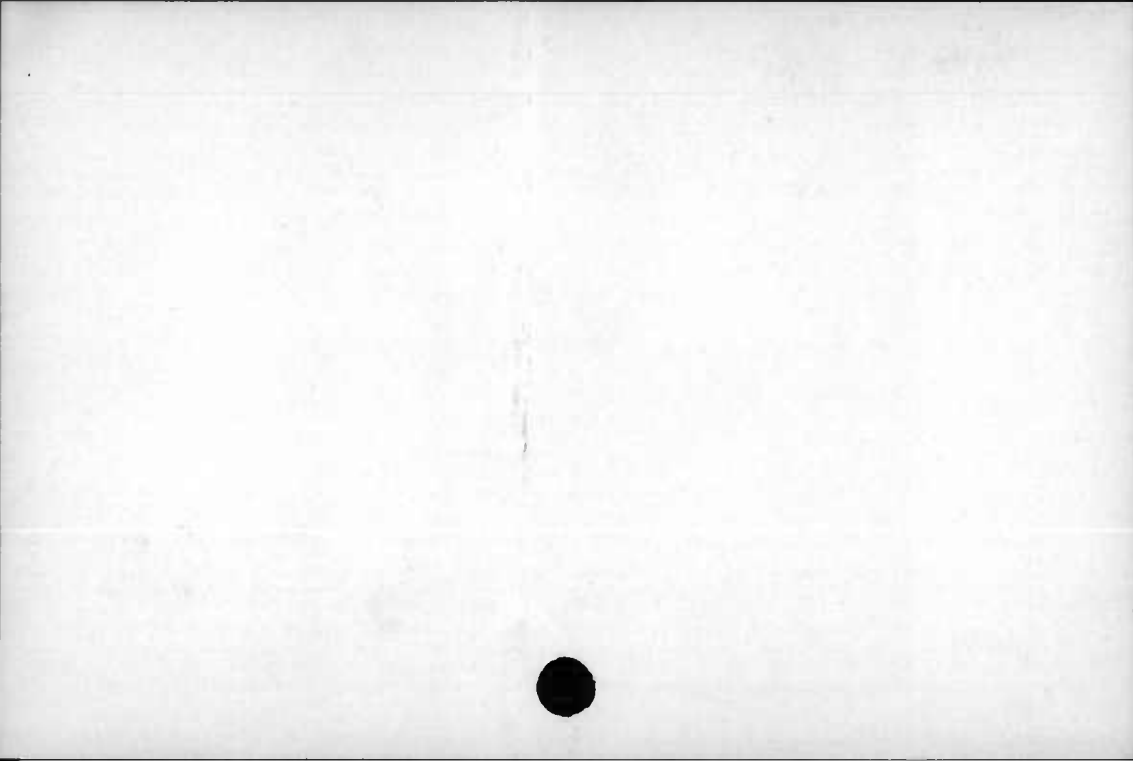
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Jane Hawkins</i>		Town <i>Brink</i>		County <i>Montgomery</i>		MARYLAND	
Died at		Month <i>March</i>		Day <i>23rd</i>		Years <i>28</i>	
Date of death <i>1907</i>		Month <i>March</i>		Day <i>23rd</i>		Age <i>28</i>	
Sex <i>female</i>		Color or Race <i>black</i>		Birth-place <i>Ind.</i>		Months <i></i>	
Occupation <i>housework</i>		Where Residing if not at place of death <i></i>		Days <i></i>		Days <i></i>	
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i></i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Father's Name <i>W^m J. Hawkins</i>		Mother's Maiden Name <i>Terry S. Jackson</i>		Name of person giving information <i>C. B. Carls</i>		How related to deceased <i></i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>27</i>	How long	<i></i>
Immediate	<i>Interocular Pneumonia</i>	How long	<i>3 1/2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Henderson M.D.</i>	
		Address <i>Chesburg Maryland</i>	
Accident or Suicide?			



Name
in
Full

Margret Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

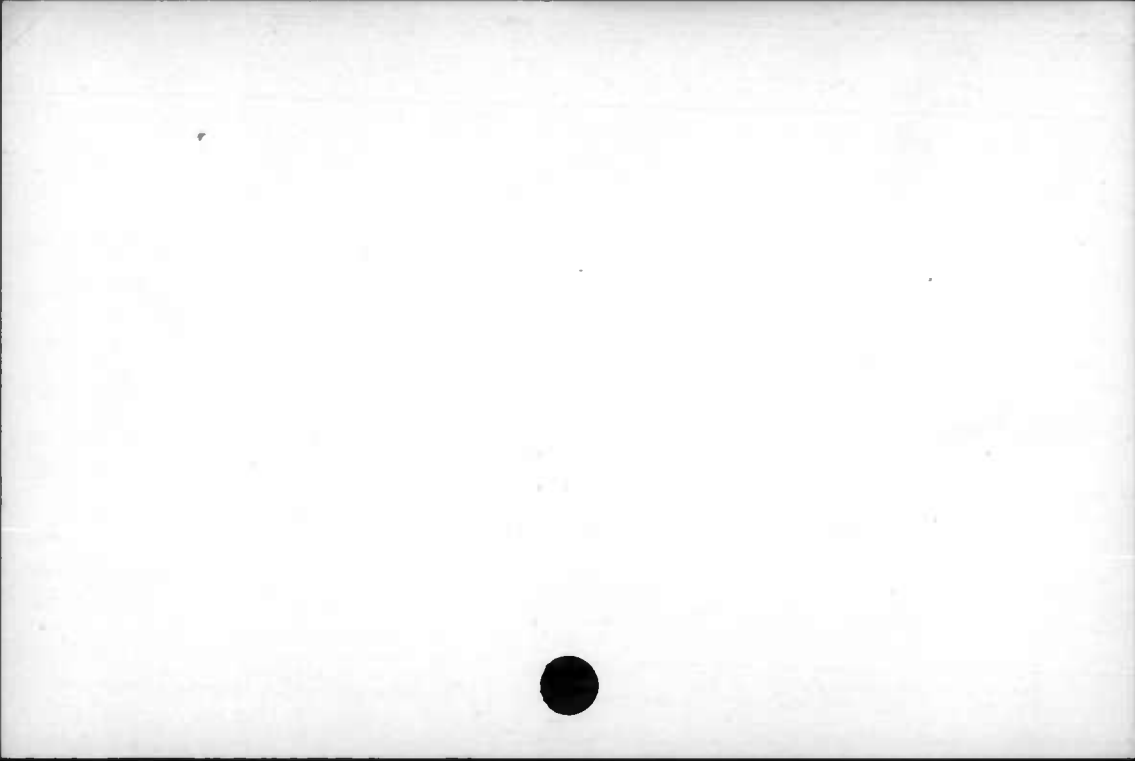
Died at <u>Sugarland Md.</u>		County <u>Montgomery</u>	
Date of death	1907	Month <u>3</u>	Day <u>5</u>
Age	<u>68</u>	Years	Months <u>—</u>
Sex <u>Female</u>	Color or Race <u>Negro</u>	Birthplace <u>Montgomery Co. Md.</u>	Days <u>—</u>
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>—</u>		
Married <u>Single</u>	Name of Husband <u>Saml. Johnson</u>		
Father's Name <u>—</u>	Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>		
Name of person giving Information <u>Physician</u>	How related to deceased <u>—</u>		

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary tuberculosis</u>	How long <u>3 yrs.</u>
Immediate	<u>Asthenia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>U. D. House M.D.</u>
		Address <u>Danville Md.</u>
Accident or Suicide? <u>—</u>		



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Mary E. Jones		Montgomery County		MARYLAND	
Date of death	1907	Month	March	Day	17	Age	63
Sex	Female	Color or Race	White	Birth-place	D.C.		
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Usual Husband				
Father's Name	The Venable		Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	Ira Jones		How related to deceased				
				Son			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	About six months
Immediate	Acute Exacerbation	How long	One week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edgar Jones
		Address	Kensington
Accident or Suicide?	No		



Name
in
Full

Sarah Elizabeth Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

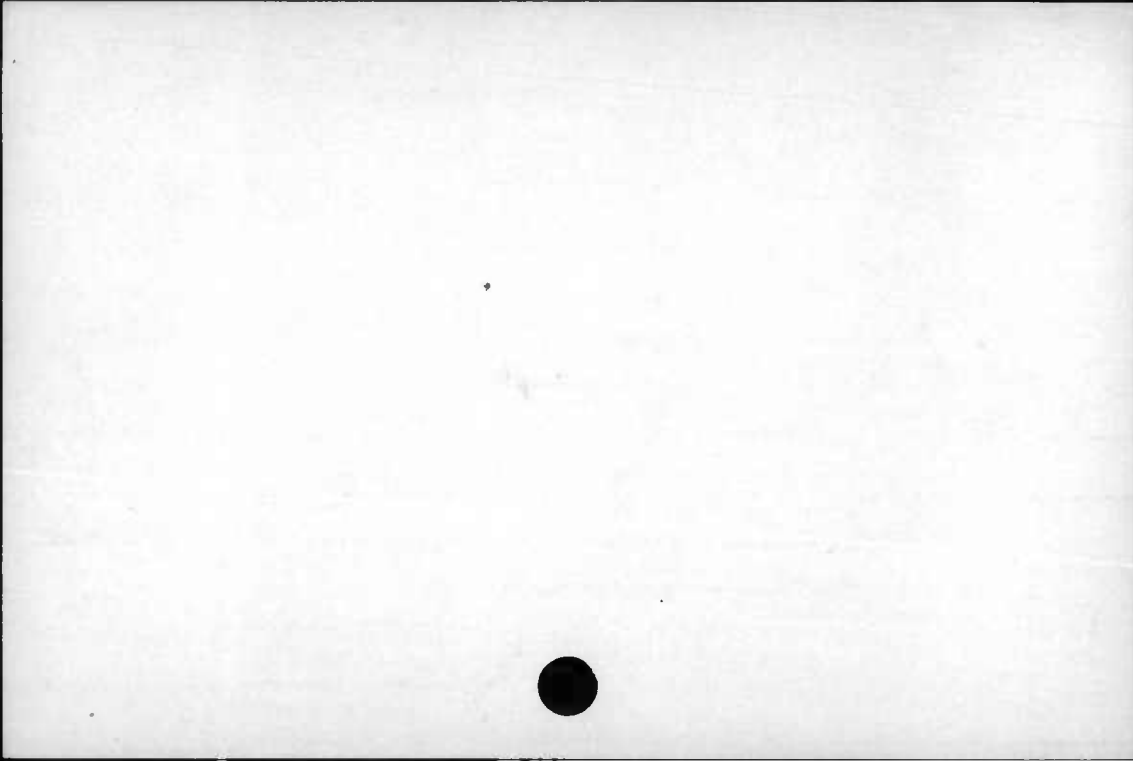
Died at <i>Caytonville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>Mar</i>	Day <i>27</i>	Age <i>35</i>	Years	Months <i>8</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birthplace <i>Montgomery Co</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sydney Jones</i>					
Father's Name <i>Isaac Johnson</i>		Father's Birthplace <i>Montgomery Co</i>					
Mother's Maiden Name <i>Sarah A Johnson</i>		Mother's Birthplace <i>Montgomery Co</i>					
Name of person giving information <i>Hazekiah T Johnson</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

33

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of Kidney</i>	How long <i>Three years</i>
Immediate <i>General Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>V H Dyson</i>
	Address <i>Caytonville</i>
Accident or Suicide?	



Name
in
Full

Margie L King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

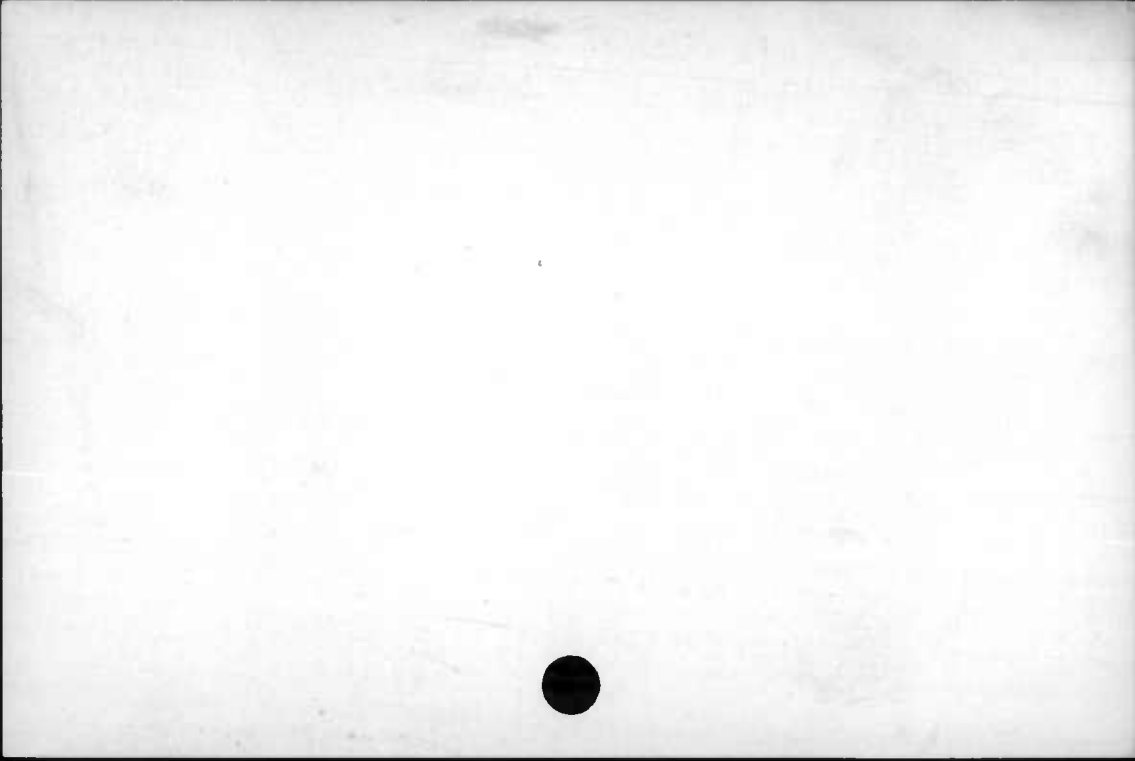
Died at <i>Woodfield</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1907</i>	Month <i>Mar</i>	Day <i>22</i>	Age <i>-</i>	Months <i>2</i>	Days <i>14</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Montgomery Co</i>	
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>		Name of Wife or Husband			
Father's Name <i>James R King</i>		Father's Birthplace <i>Montgomery Co</i>			
Mother's Maiden Name <i>Bella H Woodfield</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>James R King</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Dyson</i>
	Address <i>Laytonville Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Margaret Lang
Wharton

Town

County

Montgomery

MARYLAND

Date

of death 1907

Month

March

Day

9

Age

Years

49

Months

Days

Sex

Female

Color or
Race

German

Birth-
place

Germany

Occupation

None

Where Residing if not
at place of death

Home

Married, Single
or Widowed

Widow

Name of Wife or
Husband

—

Father's
Name

—

Father's
Birthplace

—

Mother's
Maiden Name

—

Mother's
Birthplace

—

Name of person giving
Information

—

How related
to deceased

—

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary

Fracturing of the skull

How long

Instantaneously

Immediate

Age, sex, name, age, sex, color, date
and place correctly given above?by a meat cleaver in the hands of person
to be determined

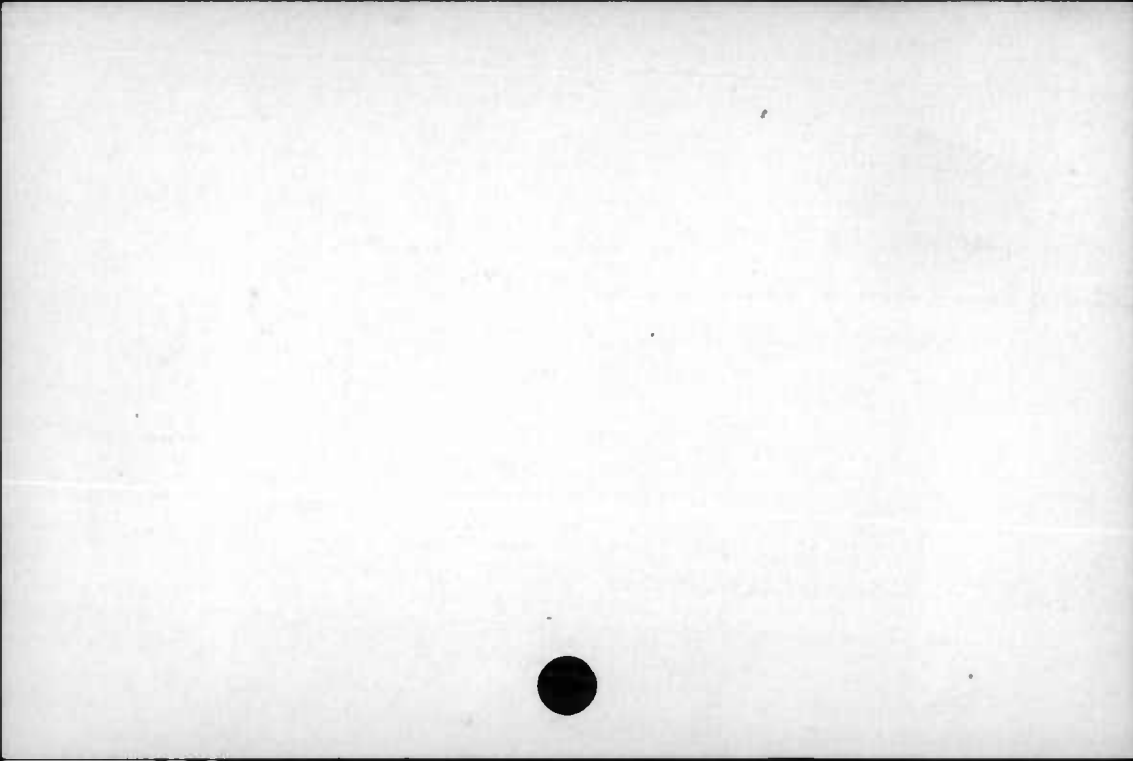
Physician

Address

Eugene Jones
Keatington

Accident or Suicide?

Murder



Name
in
Full

CERTIFICATE OF DEATH

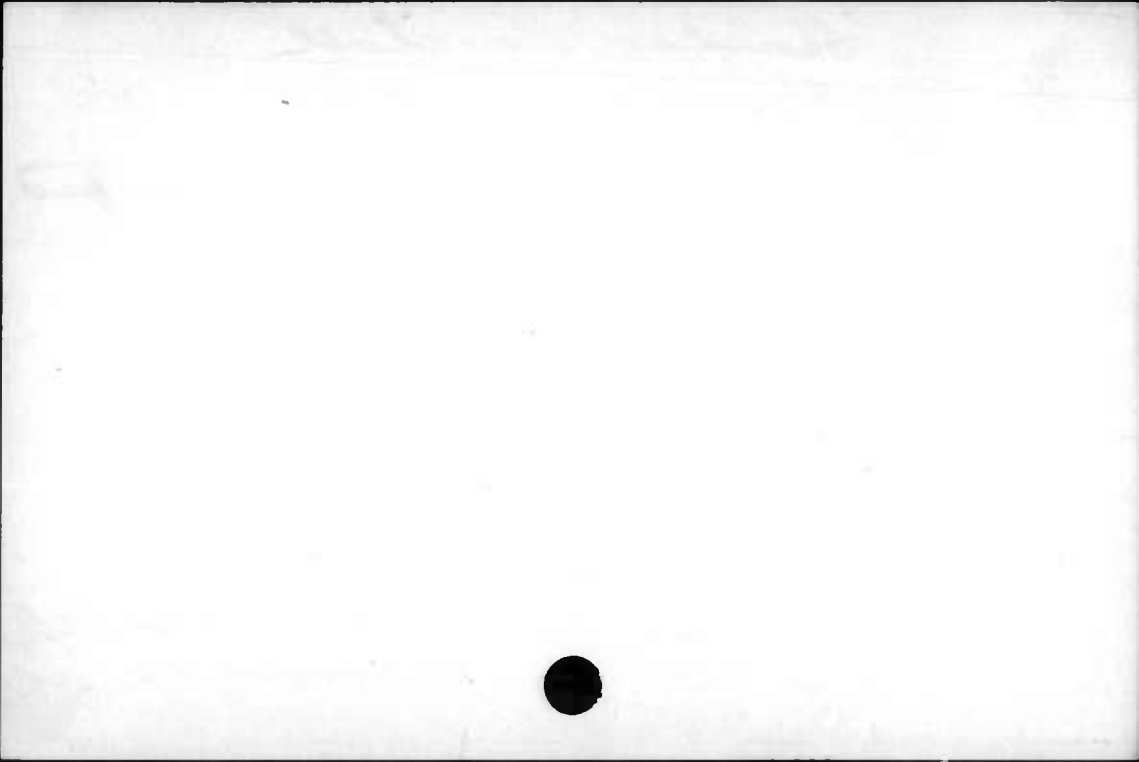
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>3</i>	Day <i>8</i>	Years <i>54</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Clerk</i>	Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Addie Maddox</i>				
Father's Name <i>Charles John Maddox</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>King</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Charles Maddox</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>Three months</i>
Immediate <i>Mearls</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide?	



Name
in
Full

Logan Leonidas Marshall

CERTIFICATE OF DEATH

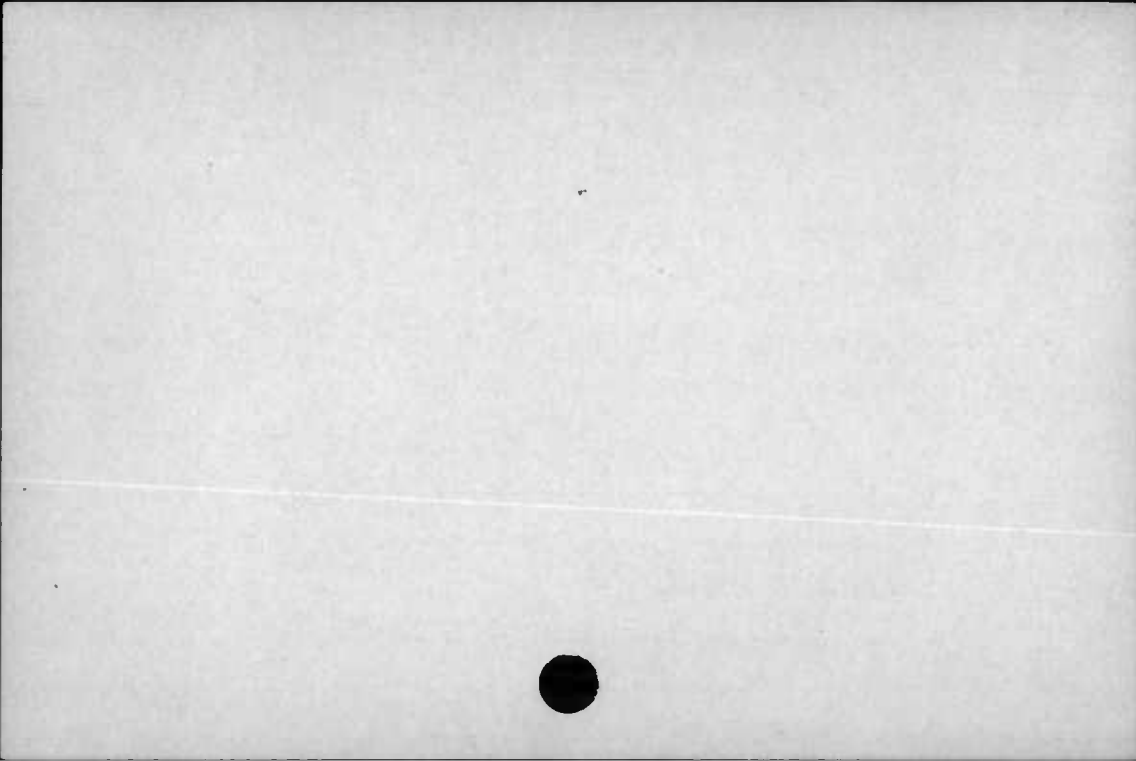
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mount Zion</i>		^{County} <i>Montgomery</i>		MARYLAND	
Date of death	<i>1907</i>	^{Month} <i>Mch</i>	^{Day} <i>15</i>	^{Age} <i>9</i>	^{Months} <i>10</i>
^{Sex} <i>male</i>	^{Color or Race} <i>Colored</i>		^{Birth-place} <i>Maryland</i>		
^{Occupation}			^{Where Residing if not at place of death} <i>Mount Zion</i>		
^{Married, Single or Widowed}			^{Name of Wife or Husband}		
^{Father's Name} <i>Singleton H. Marshall</i>			^{Father's Birthplace} <i>Maryland</i>		
^{Mother's Maiden Name} <i>Sarah F. Copeland</i>			^{Mother's Birthplace} <i>Montgomery Co</i>		
^{Name of person giving information} <i>Singleton H. Marshall</i>			^{How related to deceased} <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

^{Primary} <i>Meningitis</i>	^{How long} <i>3 days</i>
^{Immediate} <i>Cerebral Effusion</i>	^{How long} <i>Few hours</i>
^{Are the name, age, sex, color, date and place correctly given above?} <i>yes</i>	^{Signature of Physician} <i>E. M. Carter M.D.</i>
	^{Address} <i>Brooksville, Md.</i>
^{Accident or Suicide?}	



Name
in
Full

George H. Motley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Raytonsville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month <i>Mar</i>		Years <i>1907</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Montgomery Co</i>			
Occupation <i>Sawing & Carpenter</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Catharine Beale</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information		How related to deceased					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Shock & Hemorrhage produced by accidentally falling into</i>	How long	<i>Immediate</i>
Immediate	<i>Cerebral Law</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>J. H. Payne</i>	
		Address	
		<i>Raytonsville Md</i>	
Accident or Suicide?			
<i>Accident</i>			



Name
in
Full

Harriet Ellen Nichols

CERTIFICATE OF DEATH

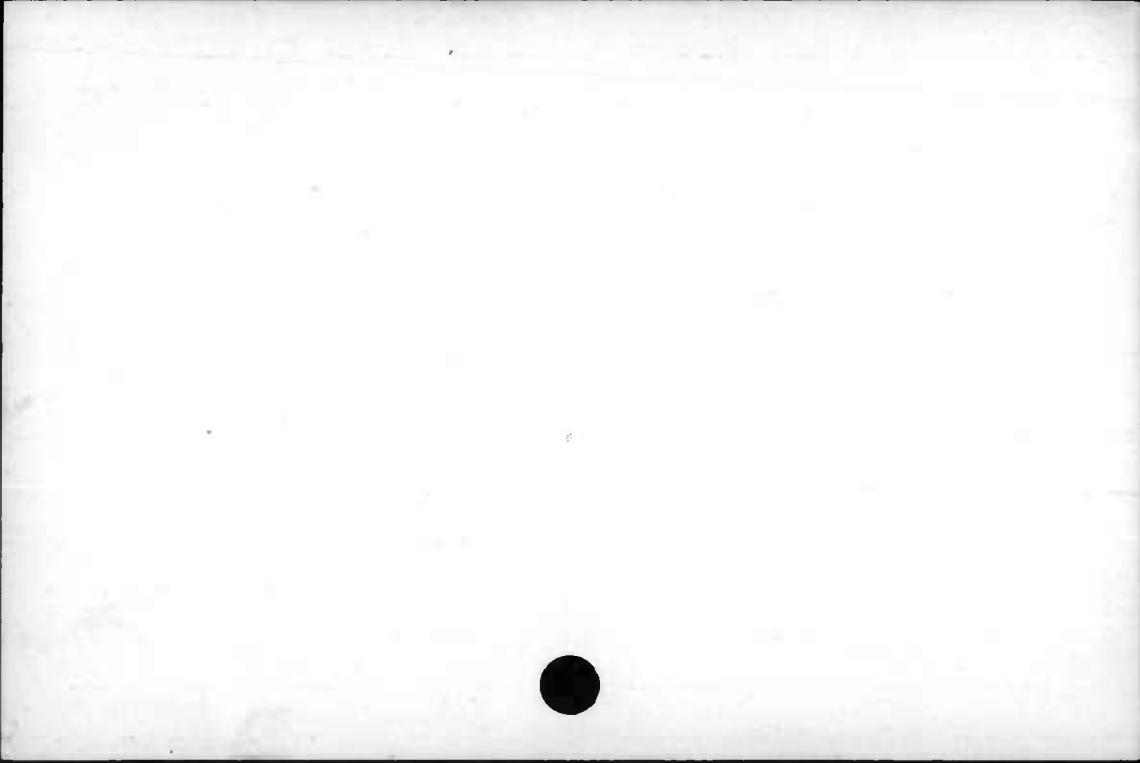
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mt Ephraim</i>		^{County} <i>Montgomery</i>		MARYLAND	
Date of death	<i>1907</i>	^{Month} <i>March</i>	^{Day} <i>27</i>	^{Years} <i>14</i>	^{Months} <i>9</i>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Mt Ephraim</i>
Occupation	<i>—</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Chas E Nichols</i>			Father's Birthplace	<i>Mt Ephraim Md</i>
Mother's Maiden Name	<i>Harriet Ellen Andrews</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Harriet E Nichols</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	(9)	How long	<i>one week</i>
Immediate	<i>Hip Throat</i>		How long	<i>Eight days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W D Honestreet</i>	
			Address <i>Barnesville Md</i>	
Accident or Suicide?				



Name
in
Full

Roger Onley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bickerson		County Montgomery		MARYLAND	
Date of death		Month 7 March		Day 4		Age 23	
Sex Male		Color or Race Black		Birth place Bickerson Md		Months Days	
Occupation Farmer on farm		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Henry Onley		Father's Birthplace Montgomery Co Md					
Mother's Maiden Name Thora Norman		Mother's Birthplace Maryland					
Name of person giving information Garfield Onley		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Grip	How long	10
Immediate	Pneumonia	How long	four days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. Stonestreet	
Address		Barnesville Maryland	
Accident or Suicide?			



Name
in
FullW^m Henry Parsley

CERTIFICATE OF DEATH

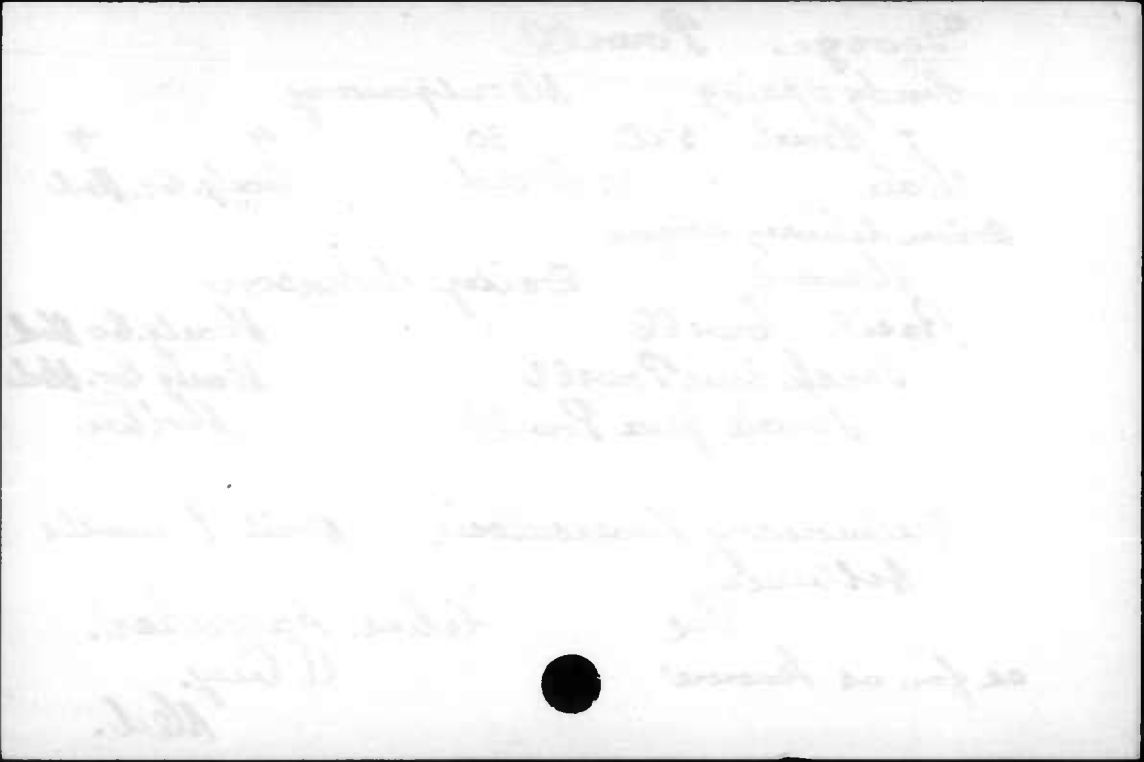
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Say Side</i> <small>Town</small>		<i>Montzi</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Mar</i> <small>Month</small>	<i>18</i> <small>Day</small>	<i>96</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>8</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth place <i>MD</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>same</i>			
Married, Single or Widowed <i>widowed</i>	Name of Wife or Husband <i>Don't Know</i>				
Father's Name <i>James Parsley</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Maryant Thompson</i>	Mother's Birthplace <i>MD</i>				
Name of person giving information <i>Frank Liger</i>	How related to deceased <i>none</i>				

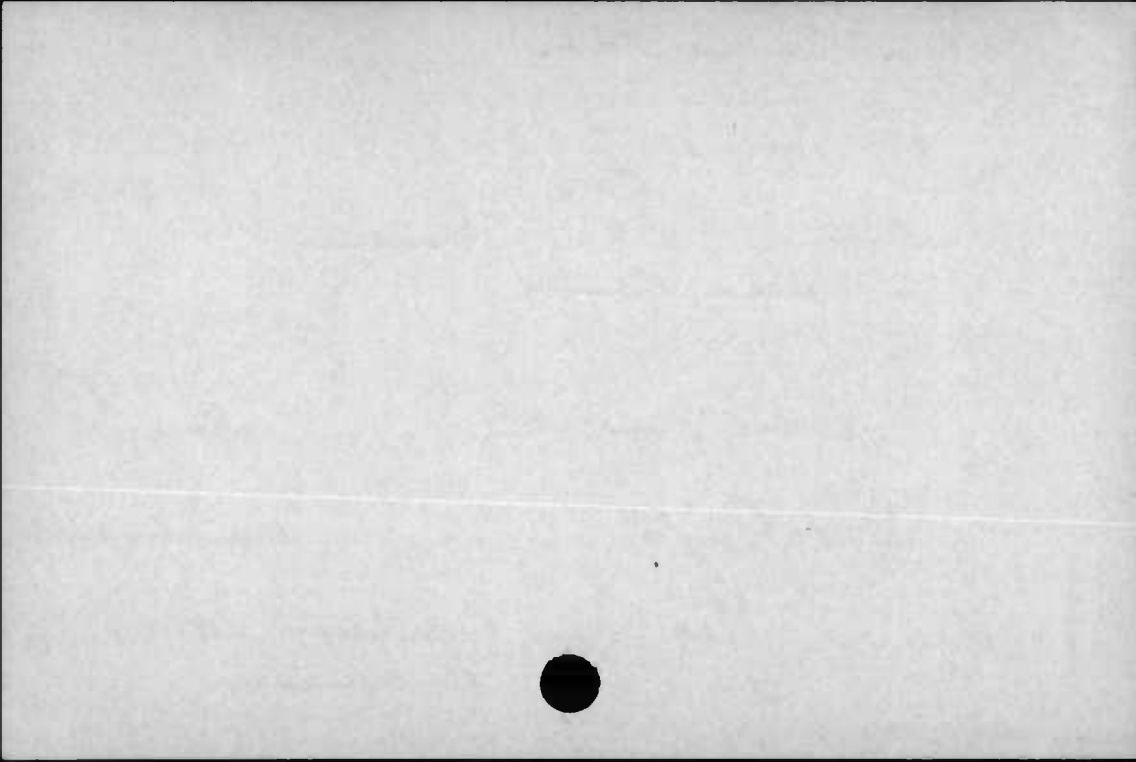
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>x</i>
Immediate <i>Exhaustion</i>	How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Lewis M.D.</i>
	Address <i>Kennedy Tr</i>
Accident or Suicide? <i>no</i>	<i>MD</i>



Name in Full		George Powell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sandy Spring		Montgomery		MARYLAND		
	Date of death	1907	Month	March	Day	5th	Age	30
					Years		Months	4
					Days			4
	Sex	Male		Color or Race	Colored		Birth-place	Montg. Co. Md
	Occupation	Driver delivery wagon			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband	Daisy Johnson			
PHYSICIAN OR CORONER	Father's Name	Basil Powell				Father's Birthplace	Montg. Co. Md	
	Mother's Maiden Name	Sarah Jane Powell				Mother's Birthplace	Montg. Co. Md	
	Name of person giving information	Sarah Jane Powell				How related to deceased	Mother	
	CAUSES OF DEATH							(27)
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	About 2 months	
	Immediate	Asthma				How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Chas. Farguhar.	
	as far as known					Address	Olney, Md.	
Accident or Suicide?								



Name
in
Full

Richard Taylor Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Brookeville</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death 1907	Month <i>March</i>	Day <i>19th</i>	Years <i>Age 78</i>	Months		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Monty Co. Md</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Gardener</i>					
Name of Wife or Husband <i>Julia Powell</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace <i>Montgomery Co.</i>			
Name of person giving information <i>Oliver Powell</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>The Grip</i>		How long	<i>about two weeks</i>
Immediate	<i>Yes</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. F. Green, M. D.</i>	Address <i>Brookeville, Maryland.</i>	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Albert Richard Stewart</i>		Town <i>Laytonsville</i>		County <i>Montgomery</i>		MARYLAND					
Died at <i>near</i>		Month <i>Mar</i>		Day <i>27</i>		Years <i>68</i>		Months <i>3</i>		Days <i>27</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Montgomery Co</i>					
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Middleton Stewart</i>		Father's Birthplace <i>Montgomery</i>									
Mother's Maiden Name <i>Eunelium Pope</i>		Mother's Birthplace <i>"</i>									
Name of person giving information <i>William S Magnader</i>		How related to deceased <i>Nephew</i>									

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	<i>Chronic Prostatitis & Diabetes</i>	How long <i>several years</i>
Immediate	<i>Paralysis</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Dyson</i>
		Address <i>Laytonsville Md</i>
Accident or Suicide?		



Name
in
Full

Martha Laylor

CERTIFICATE OF DEATH

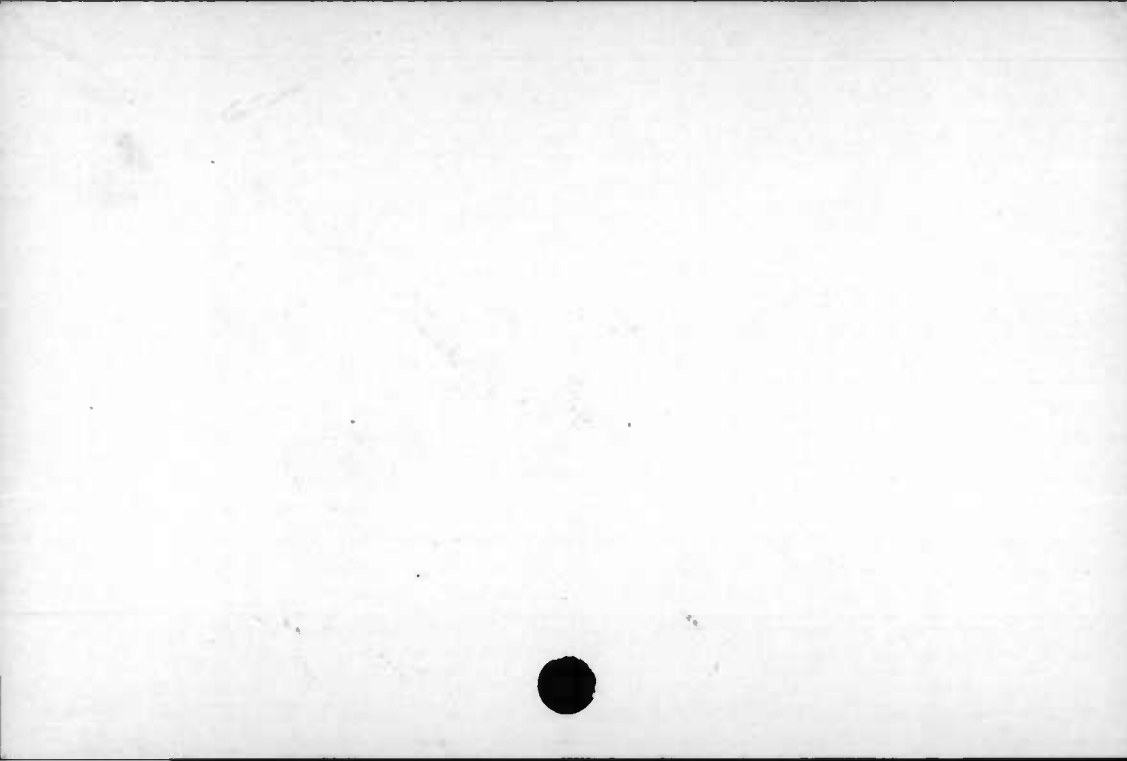
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marlinsburg</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>March</i>	Day	<i>16</i>
Age	<i>53</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>negro</i>	Birth-place	<i>Marlinsburg Va</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>John Laylor</i>				
Father's Name	<i>Luc Hebron</i>			Father's Birthplace	<i>Pokeville</i>
Mother's Maiden Name	<i>Drusie Brunner</i>			Mother's Birthplace	<i>Marlinsburg</i>
Name of person giving information	<i>Gilphman Cromwell</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>2 months</i>
Immediate	<i>Grippe</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. H. Hott sub reg</i>
		Address	<i>Pokeville Md</i>
Accident or Suicide?	<i>X</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1907	Month	3	Day	22
Age	50	Years	2	Months	15
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	Single	Name of Wife or Husband <input checked="" type="checkbox"/>			
Father's Name	Warner Welsh	Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name	Mary J. Hyatt	Mother's Birthplace <i>Maryland</i>			
Name of person giving information	W. W. Welsh	How related to deceased <i>Brother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Three years</i>
Immediate	<i>Exhaustion</i>	How long	<i>Three days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edward Anderson M.D.</i>
		Address	<i>Rockville, Md.</i>
Accident or Suicide?			

